Parent Child Interaction Therapy for Families in the Child Welfare System

Program description:

PCIT in child welfare populations has been successfully tested with addition of a group motivational component to increase engagement and success of the parent. As in standard PCIT, a therapist directly observes a parent and child through a one-way mirror, and provides direct coaching to the parent through a radio earphone. The focus is building the skills of the parent to more positively interact with the child and manage his or her behavior.

Typical age of primary program participant: 8

Typical age of secondary program participant: N/A

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Second-ary Partici-pant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
						First time ES is estimated			Second time ES is estimated		
			ES	SE	p-value	ES	SE	Age	ES	SE	Age
Child abuse and neglect	P	2	-0.71	0.20	0.00	-0.47	0.20	10	-0.47	0.20	17

Benefit-Cost Summary

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2011). The economic discount rates and other relevant parameters are described in Technical Appendix 2.	Program Benefits					Costs	Summary Statistics			
	Partici-pants	Tax-payers	Other	Other Indirect	Total Benefits		Benefit to Cost Ratio	Return on Invest-ment	Benefits Minus Costs	Probability of a positive net present value
	$4,290	$1,277	$978	$624	$7,168	-$1,551	$4.62	16%	$5,617	100%

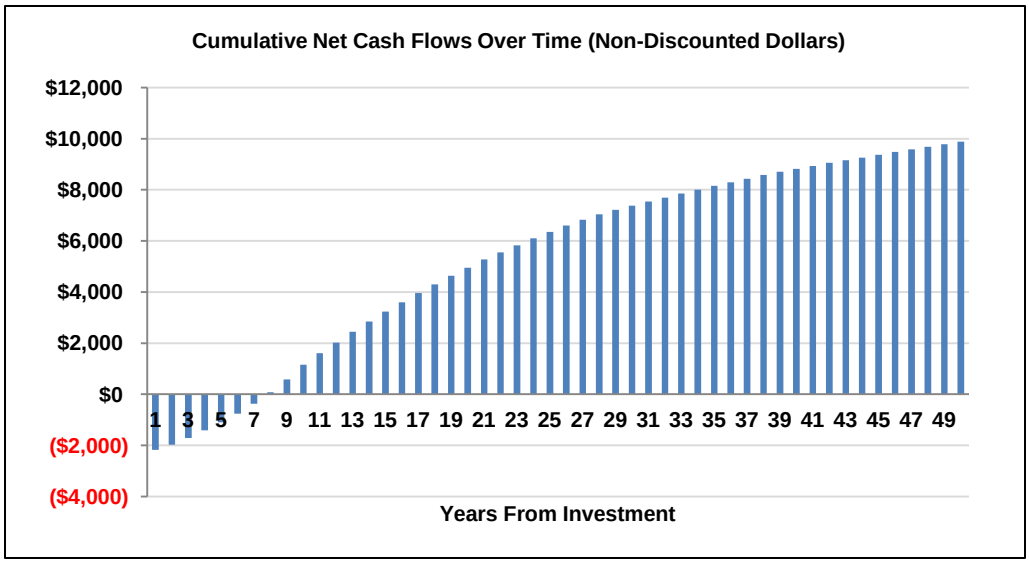
Detailed Monetary Benefit Estimates

Source of Benefits	Benefits to: Partici-pants	Tax-payers	Other	Other In-direct	Total Benefits
From Primary Participant					
Crime	$0	$358	$998	$175	$1,532
Earnings via high school graduation	$420	$155	$0	$75	$650
Earnings via test scores	$230	$84	$0	$41	$355
Child abuse and neglect	$3,589	$465	$0	$228	$4,282
K-12 special education	$0	$90	$0	$44	$135
Earnings via alcohol disorder	$24	$9	$0	$5	$37
Health care costs for alcohol disorder	$1	$2	$2	$1	$6
Earnings via illicit drug disorder	$3	$1	$0	$1	$5
Health care costs for illicit drug disorder	$1	$5	$3	$2	$12
Property loss from illicit drug disorder	$1	$0	$2	$0	$3
Earnings via depressive disorder	$21	$8	$0	$4	$33
Health care costs via depressive disorder	$9	$26	$26	$13	$74
Health care costs via education	-$9	$72	-$54	$35	$44

Detailed Cost Estimates

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The uncertainty range is used in Monte Carlo risk analysis, described in Technical Appendix 2.	Program Costs			Comparison Costs			Summary Statistics	
	Annual Cost	Program Duration	Year Dollars	Annual Cost	Program Duration	Year Dollars	Present Value of Net Program Costs (in 2011 dollars)	Uncertainty (+ or – %)
	$2,440	1	2007	$1,000	1	2007	$1,549	10%

Source: Standard PCIT expenditures provided by Children's Administration (average reimbursement rate for families receiving PCIT in Washington in 2007). WSIPP estimate of additional motivational component costs calculated on extra therapist time required.



Multiplicative Adjustments Applied to the Meta-Analysis

Type of Adjustment	Multiplier
1- Less well-implemented comparison group or observational study, with some covariates.	0.5
2- Well-implemented comparison group design, often with many statistical controls.	0.5
3- Well-done observational study with many statistical controls (e.g., IV, regression discontinuity).	0.81
4- Random assignment, with some RA implementation issues.	0.81
5- Well-done random assignment study.	1.00
Program developer = researcher	0.25
Unusual (not “real world”) setting	0.5
Weak measurement used	0.54

The adjustment factors for these studies are based on a multivariate regression analysis of 106 effect sizes from evaluations of home visiting programs within child welfare or at-risk populations. The analysis examined the relative magnitude of effect sizes for studies rated a 1, 2, 3, or 4 research design quality, in comparison with a 5 (see Technical Appendix II for a description of these ratings). We weighted the model using the random effects inverse variance weights for each effect size. The results indicated that research designs 1 and 2 have effect sizes about twice the size of studies rated as a 5, and research designs 3 and 4 have effect sizes about 24 percent higher than a 5.

The analysis also found that effect sizes were statistically significantly higher when the program developer was involved in the research evaluation, or when a weak outcome measure was used.

Studies Used in the Meta-Analysis

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., . . . Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology, 72*(3), 500-510.

Chaffin, M., Funderburk, B., Bard, D., Valle, L.A., & Gurwitch, R. (2011). A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology, 79(1),* 84-95.